



NOTICE OF APPOINTMENT OF DEFERRED COMP SALES REPRESENTATIVE
NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM
SFN 58745 (Rev. 08/2008)

NDPERS • PO Box 1657 • Bismarck • North Dakota 58502-1657
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PART A SALES REPRESENTATIVE INFORMATION

Name of Provider Company:

Name of Sales Representative:

Address:

City:

State:

Zip Code + 4:

E-Mail Address:

Telephone Number:

FAX Number:

Signature of Sales Representative

Date of Signature

PART B TYPE OF APPOINTMENT

☐ Replacement of Sales Representative

Previous Representative Name: _____

☐ New Appointment

PART C CERTIFICATION BY PROVIDER COMPANY CONTACT

I certify that the above named sales representative is authorized to conduct business as an agent for the State of North Dakota Deferred Compensation Plan.

Signature of Provider Company Contact

Date

Position or Title